Pneumococcal Polysaccharide (PPV)

Date Given	Physician/Clinic
/ /	
/ /	
/ /	

Influenza Vaccine

Date Given	Physician/Clinic
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	

Other Vaccines

Vaccine	Date Given	Physician/Clinic
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

TB Skin Test

Date Given	Physician/Clinic	Reaction
/ /		mm
/ /		mm
/ /		mm
/ /		mm

You will need this lifetime immunization record for child care, school, camp, college, the military, travel, employment, or long-term care facilities.

DOH 348-001 Rev 3/01

THE SEAL OF THE STATE OF WASHINGTON 1889

Official Washington State

Lifetime Immunization Record

Present this record at each visit to your doctor or nurse.

Name

Birthdate

Washington State Department of Health

CHILD PROFILE

Hepatitis B (Hep B)

Dose #	Date Given	Physician/Clinic
1	/ /	
2	/ /	
3	/ /	

Diphtheria, Tetanus, Pertussis (DTaP)

Dose #	Date Given	Physician/Clinic
1	/ /	
2	/ /	
3	/ /	
4	/ /	
5	/ /	
	/ /	
Tetanus diphtheria (Td) Booster Dose Every Ten Years	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Haemophilus influenzae type b (Hib)

Dose #	Date Given	Physician/Clinic
1	/ /	
2	/ /	
3	/ /	
4	/ /	

Polio

Dose #	IPV	OPV	Date Given	Physician/Clinic
1			/ /	
2			/ /	
3			/ /	
4			/ /	
			/ /	
			/ /	

Pneumococcal Conjugate (PCV)

Dose #	Date Given	Physician/Clinic
1	/ /	
2	/ /	
3	/ /	
4	/ /	

Measles, Mumps, Rubella (MMR)

Type of Vaccine	Dose #	Date Given	Physician/Clinic
MMR	1	/ /	
MMR	2	/ /	
MMR		/ /	
Measles		/ /	
Mumps		/ /	
Rubella		/ /	

Varicella (Var)

Dose #	Date Given	Physician/Clinic
1	/ /	
	/ /	

Hepatitis A (Hep A)

Dose #	Date Given	Physician/Clinic
1	/ /	
2	/ /	

Allergies/Vaccine Reactions: _____

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